

Request/Authorization for Overtime/Compensatory Time

_____ Overtime

Pay Period: _____

_____ Compensatory Time

Requesting Office: _____

Employee Name: _____

Day and Date Work Performed	Total Requested Hours	Request Approved by Supervisor Initial/Date	Total Actual Hours	Actual In/Out Time	Employee <i>and</i> Supervisor Signature (certifying Actual OT/CT worked)
Sunday Date: _____					Emp _____ Supv _____
Monday Date: _____					Emp _____ Supv _____
Tuesday Date: _____					Emp _____ Supv _____
Wednesday Date: _____					Emp _____ Supv _____
Thursday Date: _____					Emp _____ Supv _____
Friday Date: _____					Emp _____ Supv _____
Saturday Date: _____					Emp _____ Supv _____

Justification:
Accomplishments:

Accounting Code: _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Disapproved: _____ Date: _____